



Fond du Lac County Health Department
160 S. Macy St, Fond du Lac, WI 54935
Phone: 920-929-3085 | Fax: 920-929-3102 | www.fdlco.wi.gov



FOR CENTRAL OFFICE USE ONLY	
Conditional: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>
Permit: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>
PERMIT DATE ISSUED: _____	
CHECK <input type="checkbox"/>	CASH <input type="checkbox"/> CREDIT <input type="checkbox"/>
FEE(S) PAID: AMOUNT _____	
DEPOSITED: _____	
In Health Space: _____	

MOBILE FOOD ESTABLISHMENT APPLICATION

97.30, Wis. Stats; WI ADMIN CODE ATCP 75

Your facility may NOT begin operations or sell, prepare, or store food until your business has been inspected and the license is released.

Please complete this form, submit a physical layout and menu for your facility. Notify the Health Department of plans to operate at least 30 days prior to planned operational date.

ESTABLISHMENT INFORMATION:					
ESTABLISHMENT NAME		CONTACT PERSON		ESTABLISHMENT PHONE: () -	
ESTABLISHMENT STREET ADDRESS		CITY		STATE	ZIP
E-MAIL ADDRESS				INTENDED DATE OF OPERATION	
LEGAL ENTITY INFORMATION – Check ONE					
<input type="checkbox"/> Individual <input type="checkbox"/> Married Couple <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation					
<input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership (LP) In What State Is Your Entity Registered? _____					
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)					COUNTY
LEGAL ENTITY MAILING ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS			LEGAL ENTITY PHONE NUMBER () -		
CONTACT PERSON	TITLE	PHONE NUMBER () -	EMAIL ADDRESS		

MOBILE RETAIL FOOD (food service from the unit) (ATCP 75 & Appendix***)			
<input type="checkbox"/> Mobile Retail Food – Pre-packaged	\$ 322.00 (\$192.00 License fee + \$130.00 Preinspection fee)	*Requires Certified Protection Food Manager	
<input type="checkbox"/> Mobile Retail Food – Simple*	\$ 698.00 (\$378.00 License fee + \$320.00 Preinspection fee)		
<input type="checkbox"/> Mobile Retail Food – Moderate*	\$ 938.00 (\$468.00 License fee + \$470.00 Preinspection fee)		
<input type="checkbox"/> Mobile Retail Food – Complex*	\$1354.00 (\$584.00 License fee + \$770.00 Preinspection fee)		
Certified Food Manager Name: _____ Certified Course ID #: _____ Expiration Date: _____			

MOBILE BASE RETAIL FOOD (required for every operator) (ATCP 75 & Appendix***)	
<input type="checkbox"/> Mobile Base Retail Food – Pre-packaged	\$ 322.00 (\$192.00 License fee + \$130.00 Preinspection fee)
<input type="checkbox"/> Mobile Base Retail Food - Simple*	\$ 698.00 (\$378.00 License fee + \$320.00 Preinspection fee)
<input type="checkbox"/> Mobile Base Retail Food - Moderate*	\$ 938.00 (\$468.00 License fee + \$470.00 Preinspection fee)
<input type="checkbox"/> Mobile Base Retail Food - Complex*	\$1354.00 (\$584.00 License fee + \$770.00 Preinspection fee)

Check the appropriate box indicating when the business is in operation <input type="checkbox"/> Year Round <input type="checkbox"/> Winter <input type="checkbox"/> Summer
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<p align="center">Total Amount Enclosed: \$ _____</p> <p>I consent to entry on the premises by the Fond du Lac County Health Department personnel for purposes of inspection at all reasonable hours.</p> <p>*** To obtain a copy of the code that covers your permit, search online for the code listed above for which you are applying. Licenses are NOT transferable. All licenses expire on June 30th annually.</p> <p>Wis. Stat. § 97.67 (5) and 97.605 (1)(c) "No license may be issued until all applicable fees have been paid."</p> <p>Wis. Stat. § 97.605 (1)(a) "No person may conduct, maintain, manage or operate a hotel, restaurant, temporary restaurant, tourist rooming house, vending machine commissary or vending machine if the person has not been issued an annual license by the department or by a local health department that is granted agent status under s. 97.615 (2)."</p> <p>Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Code(s). Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. §15.04 (1)(m).</p>
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SIGNATURE - APPLICANT	DATE SIGNED
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